## 2016 Residential Rental Application

Rental Property Address					File Number					
Tax Parcel #					Tota	I # Rental Un	its			
Property Name					Sec	tion 8 tenant	s?	Yes	No	
Property Owner Name										
Owner Mailing Address						Email addres	SS			
City, State, Zip										
Property Owner Phone	Home		Cell				Offic	е		
Property Manager Name										
Manager Mailing Address							Email address			
City, State, Zip										
Manager Phone	Home		Cell				Offic	е		
Local Contact Name										
Contact Mailing Address		(Required if	owner li	ves more	than 5	0 miles from renta Email addres		erty)		
Contact Mailing Address City, State, Zip						Email addres	•5			
Contact Phone	Home		Cell				Offic	е		
Mail all Notices to (Choose one)	Owner Manager				Loca			cal Contact		
Inspections Required for All Rental Units  All residential rental units must pass an inspection every four years. Each property will be assigned an inspection year based on the property address. For additional information on the rental program, please visit our website at <a href="https://www.tukwilawa.gov">www.tukwilawa.gov</a> or call the Code Enforcement Office at 206-431-3671.										
I certify by my signature below, that the information contained herein is correct as of the date indicated below.										
Signature										
Date										
Fees		1 to 4 units on property	\$ 6	0.00						
		5+ units of property	\$ 17	5.00						
					-					
Return signed and dated application form along with appropriate fees to:			City of Tukwila			Cod	Or email the document to: <u>CodeEnforcement@Tukwila</u> <u>WA.gov</u>			